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ECHOES OF A SURGICAL TRAGEDY.

By DR. WILLIAM TINDALL.

(Read before the Society, December 16, 1919.)

James Abram Garfield was the twentieth President of the United States. He was born at Orange, in Cuyahoga County, in the State of Ohio, on November 19, 1831.

The story of his life is too full of interesting and serviceable activity to permit my recounting its events, even in the barest outlines, here. In its private, military, civic, political, and literary aspects it is an enviable record of personal and public devotion to duty and beneficent progress. Every subject to which he directed the energies of his scholarly and powerful mind was analyzed in a way that none could better.

Although I had often been in companies where he was present, I only remember to have spoken with him three times. The first time was the day upon which he returned to Washington after his nomination for the office of President of the United States, when he made a short address from the G Street portico of the old Riggs House at the southeast corner of 15th Street, Northwest. After he was inaugurated as President, and a few days before he was shot, I had an interview with him in company with Mr. A. G. Riddle, at his office in the White House; and the last time in the railroad station at 6th and B Streets, Northwest, soon after he was shot.

He was seated a few seats behind the chair I occupied on the floor of the convention in Chicago, in 1880, when he was nominated for President, where I witnessed the dramatic overthrow of Senator Roscoe Conkling

and the three hundred and six "stalwart" partisans who sought there to thrust Ulysses S. Grant upon the acceptance of the Republican Party as its candidate for a third term. I heard him, when the pronounced sentiment in that convention in his favor for the nomination was apparent, modestly express his disapproval of it for the reason that he was committed to the candidacy of Senator John Sherman, and joined in the chorus of approval that greeted the announcement of his nomination.

He was shot in the station of the Baltimore and Potomac Railroad Company, situated on the southwest corner of Sixth and B Streets, Northwest, in the City of Washington, D. C., about half past nine o'clock on the second of July, 1881. He was on his way to the train which was to carry him and a party of friends on a visit to Williams College, his alma mater, and to make a pleasure tour of New England. He entered the north door of the ladies' waiting room of the station, arm in arm with Secretary of State James G. Blaine, and while nearing the left-hand exit door of the room to the train shed, was shot in the back by a man named Guiteau, who had been concealed behind the right side of the door by which they had entered, but who had advanced six or seven feet to fire the pistol. Guiteau fired twice; but the first bullet went through the President's right coat sleeve without inflicting personal injury.

The President was taken to the White House soon after he was shot, where he received surgical care and treatment with alternating stages of improvement and relapse, until September 6, when he was carried to Elberon, near Long Branch, New Jersey, in the hope that he might be bettered by change of surroundings, but where he continued to decline in health until 10:35 on the morning of September 19, when he died from the effects of a rupture of a mesenteric artery adjacent

to the track of the bullet, and which was weakened by the general debility due to his long illness.

While busy at my desk in the office of the Commissioners of the District of Columbia, which was then housed in the Morrison Building on the west side of Four-and-half-Street, now John Marshall Place, a few minutes before 10 o'clock on the morning of July 2, 1881, I was startled by the abrupt entrance of the office messenger and his excited exclamation that "Vice-President Arthur has just been killed at the Baltimore and Potomac Railroad Station."

I immediately left the building to go to the station, but upon reaching the northwest corner of Four-and-a-half Street and Pennsylvania Avenue, where the Police Headquarters was then situated, was attracted by two detectives leading a man up the outside steps on the Four-and-a-half Street side of the building, by means of which access was had to the second story where the office of the Superintendent of Police was quartered.

I followed them up the steps, and when I reached the top, the man in custody of the officers turned his face toward me, and smiled at me with a silly sort of leer. Some years before when the territorial form of government for the District of Columbia was in force, one of the prominent participants in the local political gatherings in the voting district in which I then resided, was a highly nervous excitable man named Snodgrass, of more than ordinary mental culture, but regarded as somewhat eccentric. The man under arrest so nearly resembled Snodgrass in appearance that I thought it was he, and was about to address him as such and ask him why he was under police restraint, when one of the officers whispered to me, "This is Guiteau, the man who shot the President." It was Charles J. Guiteau. I visited this man at the District Jail several weeks

later, where his conversation with me confirmed the impression made upon me by the self-satisfied simper which I had noted on his face on the Police Headquarters' steps, that if his mind were not unbalanced, it would take very little excitement to make it so.

His egregious egotism, which was tantamount to mental irresponsibility, was apparent from his vain-glorious boast at the time of his arrest in the Railroad Station, that "I did it, and want to be arrested. I am a stalwart, and Arthur is President," as if his crime entailed no punitive consequences to himself, but rather exalted him into an object entitled to public adulation. No one could duly estimate his boundless self-esteem, without having seen the self-satisfied grin which animated his face whenever he was pleased with what he said. It was that facial expression which most impressed me about him, both at police headquarters and when I met him at the jail.

The following letter which was taken from Guiteau's pocket, gives a fair idea of his mental condition:

"July 2, 1881.

"TO THE WHITE HOUSE:

"The President's death was a sad necessity, but it will unite the Republican Party and save the Republic. Life is a flimsy dream, and it matters little when one goes—a human life is of small value. During the war thousands of brave boys went down without a tear. I presume the President was a Christian, and that he will be happier in Paradise than here. It will be no worse for Mrs. Garfield, dear soul, to part with her husband this way than by natural death. He is liable to go at any time, anyway. I had no ill will towards the President. His death was a political necessity. I am a lawyer, a theologian, and a politician. I am a stalwart of the stalwarts. I was with General Grant and the rest of our men in New York during the canvass. I have some papers for the press which I shall leave with Byron Andrews

and his co-journalists at 1420 New York Avenue, where all reporters can see them. I am going to the jail.

"CHARLES J. GUTEAU."

He wrote that letter before he shot the President; obviously with the expectation that it would be accepted by the country as a justification of his crime.

When the detective informed me of the identity of his prisoner, and the cause of his arrest, it occurred to me that I might be of some service at the railroad station, toward which I immediately went. When I reached the station, President Garfield had been carried up to the second story southeast room. The Police officer at the foot of the stairway halted me there, but Lieutenant Charles R. Vernon, of the Police Department, who soon thereafter appeared, said, "Let him up, he's a Doctor," which was stretching a very slender fact to its limit, as it had been several years since I had had occasion to employ my medical information in either advice or treatment, at least to others than my own family.

Upon arriving at the room where the President was lying upon the floor, I noticed about a half dozen persons in the room, but no physician. I asked the President if I could be of any service to him, to which he replied that he was very comfortable except for the tingling in his feet which reminded him of the feeling he had when a boy, when his foot was asleep. Soon after he said that he would like a little more air and suggested that the window be opened. I opened it slightly, but he almost immediately said that it made him chilly and asked that I close it, which I did. He remarked that the only distressing discomfort the shock had caused him was the nausea at first, which was relieved by the vomiting down on the first floor soon after he was shot. By this time several other persons had come into the room.

As I recall his facial appearance, it seemed about normal, and gave me the impression that he was not critically injured. My experience with the wounded during my three and a quarter years service in the Army during the Civil War, had familiarized me with the facial aspect of those whose injuries were imminently mortal. While I was with him his mental and muscular functions were apparently substantially normal. Nothing like paralysis nor other hindrance to freedom of muscular action was apparent. He particularly mentioned several times that he had no severe pain.

About fifteen or twenty minutes after I reached the President, Dr. D. Willard Bliss, a prominent local physician, arrived there.

I was intimately acquainted with Dr. Bliss, whose professional reputation is so well established that it would be presumptuous in me to attempt to refer to it in the nature of defense. I not only hold him in great respect for his standing in his profession, but for the monumental beneficence effected by the Board of Health of the District of Columbia, of which he and Dr. Christopher C. Cox were conspicuously the most active and constructive members. During the seven years and three months of the existence of that Board, it performed a radical and permanent service in ridding the District of Columbia of insanitary conditions and practices, which, while common to every other city in the world, at that time, were none the less the just cause of reproach against the prevailing civic management at the Seat of Government of the United States. The efforts of that Board resulted in making the National Capital a typical object lesson to the cities of the world in matters of municipal hygiene. So thorough and far sighted was their judgment that practically every one of their municipal sanitary policies is still a standard guide as such wherever there is need for its application.

After passing a few remarks with the President, Dr. Bliss caused him to be turned over upon his right breast so that his back was slanting downward toward the right. The President at the time was slightly corpulent, and this condition was apparent in the accumulation of fatty tissue on his back. He was normally a man of magnificent physique as well as of extraordinary mentality, but the sedentary nature of the employment of his later years had given him too little opportunity for sufficient physical exercise to obviate some corpulence. Hence as he thus lay on his right side, the weight of the adipose tissue on his back drew the hole in the skin through which the bullet of the assassin entered, considerably below the hole in the vertebra through which the bullet had passed. The bullet had fractured slightly the eleventh rib, passed through the first lumbar vertebra, and lodged under the pancreas and stomach about two and one half inches to the front and left of the spinal column.

When Doctor Bliss first inserted his Nelaton probe into the wound he pushed it in the proper direction. That is, he directed it toward the left and therefore toward the puncture through the vertebra. But the hole in the skin had been drawn, so far down toward the right, that the Doctor's probe only struck the solid parts of the vertebra and to the right of the hole in it which had been made by the bullet. Doctor Bliss several times probed in the direction taken by the bullet, but failed to discover, for the reason stated, its course through the vertebra. I was looking over his right shoulder during that entire time he was probing, and so intently that I finally gave a sigh which caused him to look up into my face. As he did so his face bore a puzzled expression, as though confronted by an unsolvable mystery. He next pushed his probe toward the right, where by some fatality the connective tissue

gave way to its entrance so readily that he was obviously convinced that the bullet had taken that direction. He then called the Doctors who were present in the room over to a corner of the room where they had a short consultation. After that conference he returned to the President's side and said "Get a carriage and take him home." I soon after left the railroad station and went back to my office. I was the only person near enough to him at the time he was probing the wound to notice the nature of his efforts to locate the bullet, and clearly saw every motion he made in doing so.

The failure of Dr. Bliss to discover with his probe at the railroad station, the puncture through the vertebra, appears conclusively rational from the statement in the report of the autopsy that "the depressed cicatrix of the *wound made by the pistol bullet*, was recognized over the tenth intercostal space, *three and one half inches* to the *right* of the vertebral spines." If in connection with that fact, it is considered that the weight of adipose tissue drew the hole which that cicatrix located, still further to the right, the perplexity of Dr. Bliss is fully justified.

The wound thus erroneously made by the probe was the one that was thereafter treated, as though it had been made by the bullet. The patient was subjected to antiseptic injections through that wound, which developed a number of abscesses in the right abdominal region, while the wound made by the bullet was in good condition when the autopsy was made, and the bullet had become completely and harmlessly encysted.

The tingling sensation in the President's feet gradually diminished and finally ceased in a few days. It was due to the shock to the spinal cord as the bullet passed through the bony vertebra; but as the ball made an almost perfectly clean cut puncture through the vertebra, and so remote from the spinal cord as to avoid any

structural injury to it, no permanent complictions arose from the vertebrate lesion.

The simple character of the wound and the absence of serious structural complications appears in the report of the autopsy as follows:

"On sawing through the vertebra, a little to the right of the median line, it was found that the *spinal canal was not involved by the track of the ball*. The *spinal cord* and other contents of this portion of the spinal canal presented no *abnormal appearances*;" and that "the track of the ball behind the pancreas was completely *obliterated* by the healing process," indicating with what ready facility the healing process along the whole wound might have been furthered if the track of the ball had been correctly diagnosed at first.

The report of the autopsy made by Dr. D. S. Lamb, of the Army Medical Museum, on the afternoon of September 20, 1881, states among other findings that "the immediate cause of death was secondary hemorrhage from one of the mesenteric arteries adjoining the track of the ball." But if that conclusion implies that the hemorrhage was due to some injury to that artery by the ball, it is hardly reconcilable with the fact that that artery gave no indication of such impairment during the seventy-nine days from July 2, when the President was wounded, until 10:35 o'clock a.m., on September 10th, when he died; whereas the insidious septic condition induced by the numerous internal suppurating surfaces which developed as a consequence of the injection of antiseptic solutions in localities remote from the course of the bullet, were sufficient to effect a fatal stage of exhaustion and textural flaccidity, generally, regardless of such a direct arterial injury. Besides, any inference that the rupture in the splenic artery was due to the impact of the bullet, would be irreconcilable with the statement in the report of the autopsy

hereinafter quoted, that "This rent must have occurred at least several days before death," and excluding any implication that it occurred at the date of the wound, especially as Dr. Lamb attributes the immediate cause of death to "*secondary hemorrhage.*"

Further along in the report Dr. Lamb adds, that "A long suppurating channel extended from the external wound between the loin muscles and the right kidney almost to the right groin. This channel now known to be due to the burrowing of pus from the wound, was supposed during life to have been the *track of the ball.*" "An abscess cavity six inches by four in dimensions, was found in the vicinity of the gall bladder." And he continues with the significant statement, "No communication was found between it and the wound;" but is unsatisfactory in the omission to state whether it referred to the wound made by the bullet or that originated by the surgeon's probe.

Although Dr. Bliss sought advice from the most eminent surgical talent of the time, he was not enlightened by their counsel, but on the contrary, was confirmed by them in his original opinion that the ball had penetrated toward the right. Surgeon General J. K. Barnes, and Dr. J. J. Woodward of the Army, Dr. Robert Reyburn of this city, who had had unusual experience in hospital practice, Dr. N. S. Lincoln, and Dr. S. A. Boynton, were in frequent consultation with him from the date of the injury until the 8th of the succeeding September; and Doctor D. Hayes Agnew of Philadelphia, and Doctor Frank H. Hamilton of New York, made frequent visits to Washington thereafter and were in almost constant consultation with Dr. Bliss in regard to the case.

Serious as was the diagnostic error thus made, it was not one which rendered the Doctor amenable to censure, as he had tried to discover the course taken

by the bullet by properly directing his probe, but had constantly met a solid obstruction. The subsequent erroneous concurrence in his diagnosis by all of the other surgeons who were called in consultation, and by the scientific but erroneous corroboration of it by electrical experts to which I will later recur, should be regarded as relieving him of responsibility for the erroneous course of treatment pursued through the case.

On July 27, Dr. Hamilton said "The conduct of the Surgeons who have managed the case from the beginning to end, has been, in my opinion correct. It will bear the severest scrutiny of experts in this department of Surgery."

On the same day he told a reporter of the *Evening Star* that he "had a suspicion founded upon a *good deal of evidence*, that the ball was in the *right iliac* region, not far above the right groin." One of the reasons he gave for that impression was that he thought the bullet was deflected downward by striking the rib which it slightly splintered. This injury to the rib by the bullet, seems to me to be the crux of the case, and to exonerate from liability to the charge of professional incompetency or neglect, those responsible for the treatment pursued, as, considered in connection with the announcement by Dr. Wales, that his finger had followed the wound into the liver, the conclusion was almost unavoidable that the fractured rib had deflected the bullet downward and toward the right.

How utterly confounded the Surgeons all were, is suggested by the fact that on the 26th of July, the day before Dr. Hamilton expressed the foregoing opinion, Dr. Agnew made a thorough exploration of the region of the external wound and removed several splinters of bone from the broken rib, but still never discovered nor suspected the existence of the vertebral channel

which the bullet had made. Almost every conceivable locality in the body was mentioned as the locus of the ball.

Dr. Hammond, formerly Surgeon General of the Army, expressed an opinion adversely to the treatment in progress, and had a personal altercation with Dr. Bliss about it, which almost reached the state of pugilism, in the White House. The proponents of the method of treatment then being applied, attributed Dr. Hammond's dissent therefrom to his jealousy of or resentment at Dr. Barnes who had succeeded him as Surgeon General.

To show the diversity of opinion on the subject, an Annapolis man with a vivid imagination, announced in a letter referred to in the *Evening Star*, that the bullet was in his possession.

As if destiny had determined that no phase of professional skill which could be involved in the case should escape embarrassment, two of the most experienced electrical scientists of that day, made experiments upon the President, with the purpose of determining the location of the bullet by means of an electrical instrument denominated "the induction balance." The result of those investigations was announced in one of the medical bulletins of August first, 1881, as follows:

"Under the supervision of the attending surgeons, Professors Bell and Taintor this morning made another application to the patient's body of the electrical apparatus known as the induction balance, with a view to completing the tests of last week, which were not entirely conclusive, and ascertaining definitely and certainly, if possible, the location of the ball. Professors Bell and Taintor had been almost constantly engaged for two weeks in experiments with the induction balance, and have made several modifications and improvements which greatly add to its efficiency. They tried this improved apparatus upon the President's body for the first time last week and although it indicated faintly the location of the ball, it was afterward found to be slightly out of adjust-

ment, and the experiment was not regarded as perfectly conclusive. The results of this morning's tests, however, are entirely satisfactory both to Professors Bell and Taintor and to the attending surgeons, and it is now unanimously agreed that the location of the ball has been ascertained with reasonable certainty, and that it lies, as heretofore stated, in the front wall of the abdomen, *immediately over the groin, about five inches below and to the right of the navel.*"

Notwithstanding that solemn scientific pronouncement, the obdurate bullet had really gone in a direction at right angles to the course indicated by the "induction balance" upon whose performance that opinion was based, and as hereinbefore stated had lodged on the *left* side under the pancreas and stomach.

A statement by Professor Bell in a letter published in *The Evening Star*, of August 2, 1881, leaves the impression that the use of the "induction balance" was confined to the right wall of the abdomen, following the unanimous opinion of the attending surgeons that the wound was on that side, and suggests the possibility that if it had been used on the left side it would have indicated the bullet's location: and that it might have anticipated the X-ray in some degree, as an instrument for detecting foreign metallic bodies in wounds. Like many a deserving enterprise which fails through lack of luck, that experiment may have become discredited on the very verge of success. But the professional unanimity of confidence which the opinion of Dr. Wales inspired, that the bullet was somewhere on the right side, probably precluded any suggestion of search for it on the left, lest it should be construed as a reflection on the professional acumen of the proponent of that theory.

Numerous incisions were made in the line of the supposed track of the bullet, to give outlet to the purulent accumulations which were not due to the

bullet but to the injections of antiseptic solutions into the wound made by the surgeons. Hence no material relief resulted from them.

The bulletin of 12:30 p.m. on August 20, 1881, gives a clear idea of the extent of the damage which had up to that time resulted from the erroneous treatment of the wound which the surgeon's probe, originally, and the injections of antiseptic fluid, subsequently, had made. It announced that "a small quantity of healthful pus came . . . after gentle pressure over the anterior surface of the *right* iliac region." "This deeper part of the *track* was not reached by the tube (drainage) until yesterday morning, when the separation of small slough permitted it to pass, unresisted, downward and forward for the distance of *twelve and one half inches* from the external surface of the last incision." Signed, Agnew, Bliss, Barnes, Woodward and Reyburn.

It is to the credit of the scientific aspects of surgery that one member of the medical profession was not misled into an erroneous diagnosis of the direction taken by the bullet: but that two days after the perpetration of the crime, Dr. Frank Baker, then Assistant Demonstrator of Anatomy, in the Medical Department of Columbian University, now George Washington University, made a diagnosis which the autopsy proved to be correct. He claimed that it had gone slightly downward and to the left, and his opinion was expressed to Doctors Prentiss, Lincoln, Townshend and others on July 7, and so certified by them.

The remarkable feature of that diagnosis is, that it was made entirely from the symptoms, and is believed to be the first successful effort of record to locate a foreign body so remote from the surface, by that means. Dr. Baker was so confident of the correctness of his theory that he drew a cross-sectional diagram illustrating his diagnosis, which he exhibited on July 7, 1881, to

Dr. N. S. Lincoln, Dr. D. Webster Prentiss, and Dr. Smith Townshend by whom it was signed, and later framed and hung in the Army Medical Museum. This diagnosis was published in "Walsh's Retrospect," October Edition, 1881.

It is due to Dr. Baker, to detail at some length his reasons for his opinion that the bullet had taken a course to the left of the spine. He quotes the maxim of Dr. Hilton that "superficial pains on both sides of the body, which are symmetrical, imply an origin or cause, the seat of which is central or bilateral. He added, substantially, that the pain or tingling in the President's feet was symmetrical, it denoted that the cause of that sensation was therefore central. That as the nerves of sensation for the *feet* are derived from the *great sciatic nerve*, the sensations mentioned, denoted a shock or lesion of the spinal centre connected with that nerve. That that centre is located by Malgaigne and Seguin opposite the body of the first lumbar vertebra, *through which the bullet passed*. That as the President instantly fell after the shot, as if paralyzed, it indicated that there was a concussion or injury of the spinal cord. That as he vomited immediately, it indicated an injury or a shock to the solar plexus of nerves situated in front of the *first lumbar vertebra*, as vomiting is a common sequence to such concussions or injuries." Dr. Baker relied upon the internal hemorrhage, and other reasons, for his diagnosis, but the foregoing are the symptoms upon which he bases his opinion that the bullet had injured or shocked the spine, which was the essential point in the case.

While the circumstances of the first examination of the wound by Dr. Bliss, appeared to justify the diagnosis then given, investigation of circumstances of the shooting might have suggested a more critical inspection of the spine, as the assassin was considerably to the right of

the President when he fired. When the President entered the station, Guiteau was concealed in the shallow recess to the west of the B Street door, while the door leading to the train shed, which the President was approaching, was several feet to the left of the entrance door.

But here again was the possibility that the fractured rib indicated a downward deflection of the bullet. This fact led to the domination of the judgment of all the surgeons who shared the responsibility for the treatment, by the statement of Surgeon General P. S. Wales, that when he passed his finger into the wound it entered the liver.

The following copy of the report of the autopsy which was performed by Dr. D. S. Lamb, of the Medical Museum at Washington, D. C., contains interesting information on the subject of the wound, treatment and the consequent conditions the autopsy disclosed:

LONG BEACH, N. J.,
Sept. 20, 1881.

REPORT OF AUTOPSY.

"Passing obliquely to the left and forward through the upper part of the body of the first lumbar vertebra, the bullet emerged by an aperture, the center of which was about half an inch to the left of the median line, and which also involved the intervertebral cartilage next above.

"The cancellated tissue of the body of the first lumbar vertebra was very much comminuted, and the fragments somewhat displaced. Several deep fissures extended from the track of the bullet to the lower part of the body of the 12th vertebra: others extended through the first lumbar vertebra. Both this cartilage and the next above were partly destroyed by ulceration. A number of minute fragments from the fractured lumbar vertebra had been driven into the adjacent soft parts.

"It was further found that the right 12th rib also was fractured at a point one inch and a quarter to the *right* of

the transverse process of the 12th dorsal vertebra. This injury had not been recognized during life.

"On sawing through the vertebra, a little to the right of the median line, it was found that the *spinal canal was not involved by the track of the ball*. The spinal cord and other contents of this portion of the spinal canal *presented no abnormal appearances*. (See diagram on page 20.)

"Beyond the first lumbar vertebra the bullet continued to go to the *left*, passing behind the pancreas to the point where it was found. Here it was enveloped in a firm cyst of connective tissue, which contained, besides the ball, a minute quantity of inspissated somewhat cheesy pus.

"For about an inch from this *cyst*, the track of the ball behind the pancreas was *completely obliterated by the healing process*, thence as far backward as the body of the first lumbar vertebra the track was filled with coagulated blood, which extended on the left into an irregular space rent in the adjoining adipose tissue behind the peritoneum and above the pancreas. The blood had worked its way to the left, bursting finally through the peritoneum behind the spleen into the abdominal cavity.

"The rending of the tissue by the extravasation of this blood was undoubtedly the cause of the pain which occurred a short time before death. This mass of coagulated blood was irregular in form, and nearly as large as a man's fist. It could be distinctly seen from in front, through the peritoneum. . . . From the relations of the mass as thus seen *it was believed* that the hemorrhage had proceeded from one of the mesenteric arteries, but as it was clear that a minute dissection would be required to determine the particular branch involved, it was agreed that the infiltrated tissues and the adjoining soft parts should be preserved for subsequent study.

"On the examination and dissection, made in accordance with this agreement, it was found that the fatal hemorrhage proceeded from a rent nearly four tenths of an inch long in the main trunk of the splenic artery, two and one half inches to the left of the coeliac axis. This rent *must have occurred at least several days before death*. Since the everted edges

in the slit in the vessel were united by firm adhesions to the surrounding connective tissue, thus forming an almost continuous wall bounding the adjoining portion of the blood clot."

This report was signed by D. W. Bliss,
J. K. Barnes,
J. J. Woodward,
Robert Reyburn,
D. S. Lamb.

Although another report from the same place and on the same date signed by D. W. Bliss, J. K. Barnes, J. J. Woodward, Robert Reyburn, Frank H. Hamilton, D. Hayes Agnew, Andrew H. Smith and D. S. Lamb, states, *inter alia*, that "The immediate cause of death was secondary hemorrhage from one of the mesenteric arteries adjoining the *track of the ball*," it significantly avoids stating that the ball ruptured the artery, or was directly or indirectly the cause of the rent in that vessel.

Dr. Susan A. Edson, who was our family physician, was in immediate charge of the nursing of President Garfield during his entire illness from that wound. He could have had no more skillful nor resourceful attendant. She was not only thoroughly ground in the elements and practice of the homeopathic system, but had been in the army hospital service during the Civil War and was familiar with the best nursing methods in the regular practice. Independent of her technical information and nursing skill, she was equipped with an inexhaustible fund of common sense. She mentioned to us the discomfort the injections caused the President, and that he frequently protested against their employment.

It is no part of the purpose of this paper to reflect upon any of the medical attendants in this episode. I have only sought to describe a historical incident for its historical use.

The last phase of this lamentable tragedy was the

provision for payment of the claims presented by the attending physicians, for their services. The discussion of the subject in Congress, was characterized by much aerimonious vituperation of the methods and motives of some of the claimants, but finally resulted in the passage of an appropriation of \$57,500, for the settlement of their claims, in Section 6 of the Deficiency appropriation act, approved August 5, 1882, (22 Stat. 284) which prescribed, "That a board of audit consisting of the First and Second Comptrollers of the Treasury and the Treasurer of the United States is hereby constituted, to whom shall be referred all claims and the determination of all just and reasonable allowances to be made, growing out of the illness and burial of the late President James A. Garfield," etc. The action of that board upon those claims, resulted as follows:

Claimants.	Claimed.	Awarded.
D. W. Bliss.....	\$25,000	\$6,500
D. H. Agnew.....	14,700	5,000
F. H. Hamilton.....	25,000	5,000
R. Reyburn.....	10,800	4,000
S. A. Boynton.....	4,500	4,000
S. A. Edson.....	10,000	3,000
D. S. Lamb.....	1,000	<u>disallowed</u>
Total allowed.....		\$27,500

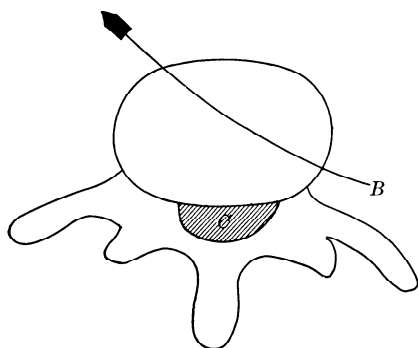
It would be futile to question that the wound made by the surgeon's probe was the beginning of the series of mistakes which ultimately effected a state of physical debility from which death ensued. But it would be equally absurd to charge the error in making that wound to lack of surgical skill, or judgment, or to conscientiousness. The probability that the bullet might have been deflected downward and to the right was reasonably inferrable from the fact that Dr. Bliss' probe when he repeatedly directed it toward the left, as I saw him do, met a solid bony obstruction, and subsequently seemed indubitable in view of the fracture of the rib to the right of the vertebral column, which was then

the only apparent bony lesion. In short any other inference based on the then known lesions would have been without justification.

Another misleading phase of the case was the apparent radical improvement in the President's condition, when on several occasions his temperature and appetite became practically normal and encouraged the physicians in the belief that they were pursuing the right course of treatment.

When Dr. Wales asserted that his finger had followed the wound into the liver, farther investigation for the track of the wound was precluded, except by discrediting him, and as Dr. Baker, then a young man, declined to press his theory of diagnosis in deference to that announcement, there appeared no further basis for doubt.

If this narrative of devoted but unavailing effort illustrates any moral, it is that failure does not neces-



B, The course of the bullet through the vertebra, remote from the spinal canal. *C*, The spinal canal.

sarily imply a lack of ability nor energy, and that mortalsevenwhile devoting their best efforts to benevolent ends, do not control their destiny: that every fact is proof conclusive that that fact could not have been otherwise, and is the latest link in an infinite chain of events extending from both

eternities. The profoundest philosophy as well as most devout piety was conclusively expressed when another subject of unsuccessful surgical interference, the late President Wm. McKinley, submissively murmured in his dying moments "It is God's way."